

No. C 122890		Due no later than Feb 28, 2006		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ANESTHESIOLOGY CONSULTANTS OF IDAHO, P.A. ROBERT L DROZDA 1471 SHORELINE DR STE 100 BOISE ID 83702 9104		ROBERT L DROZDA 1471 SHORELINE DR STE 100 BOISE ID 83702 9104		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DENNIS PAGE	P.O. BOX 1517	NAMPA	ID	USA	83653
SECRETARY	STEVE ROBERTS	P.O. BOX 1517	NAMPA	ID	USA	83653
DIRECTOR	DENNIS PAGE	P.O. BOX 1517	NAMPA	ID	USA	83653
DIRECTOR	CHRISTOPHER PIERCE	P.O. BOX 1517	NAMPA	ID	USA	83653
DIRECTOR	MICHAEL DECKER	P.O. BOX 1517	NAMPA	ID	USA	83653
DIRECTOR	KUHIA FISHER	P.O. BOX 1517	NAMPA	ID	USA	83653
DIRECTOR	BRADLEY BRETZ	P.O. BOX 1517	NAMPA	ID	USA	83653
DIRECTOR	MICHAEL SEVERSON	P.O. BOX 1517	NAMPA	ID	USA	83653
5. Organized Under the Laws of: IDAHO C 122890		6. Annual Report must be signed.* Signature: Robert L. Drozda Name (type or print): Robert L. Drozda Date: 02/09/2006 Title: Registered Agent				
Processed 02/09/2006		* Electronically provided signatures are accepted as original signatures.				